BÖLÜM 9

OMUZ İNSTABİLİTELERİ VE TEDAVİ YÖNTEMLERİ

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GİRİŞ

Omuz eklemi göreceli olarak serbest kemik yapısı nedeniyle vücuttaki en hareketli eklemlerden biridir. Omuz eklem stabilitesi bir denge içinde sürmektedir. Eklem stabilitesi dinamik ve statik faktörlere bağlıdır. Dinamik faktörler; rotator manşet kasları, skapulotorasik ve glenohumeral harekettir. Statik faktörler ise kemik yapılar, kıkırdak yapılar, labrum, kapsül, glenohumeral ligamentlerdir. Ek olarak negatif intraartiküler basınç ve kıkırdaklar arası adezyon kohezyon kuvvetleri de stabiliteye katkıda bulunur (1). Bu anatomik tasarım, büyük bir hareket özgürlüğü sağlar; bununla birlikte meydana gelebilecek çıkık sonrası yüksek instabilite eğilimi de yaratır.

Omuz instabilitesi önemli kısıtlılıklara neden olabilir. Özellikle genç ve aktif hastalarda sıklıkla cerrahi müdahale gerektirir. Omuz instabilitesinin optimal tedavisi; instabilitenin derecesine, anatomik yapılarda meydana gelen patolojiye bağlıdır. Cerrahi müdahalede bile, tekrarlayan instabilite nispeten yaygın ve ele alınması zor bir problem olmaya devam etmektedir (2).

İNSTABİLİTE TANIMI

Humerus başını gelenoid kenardan asemptomatik translasyonuna laksisite, humerus başının rotasyon sırasında glenoid kenardan aşırı ve semptomatik translasyonuna ise instabilite denir. Glenohumeral eklem hem travmatik yaralanmalar, hem de hareketin sonundaki tekrarlayan mikrotravmalar sonucu instabiliteye duyarlı hale gelir. İnstabilite hafif subluksasyondan dislokasyona kadar bir spekt-

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